

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

<b>REQUEST FOR PATENT FEE REFUND</b>				<b>10/518488</b>										
1 Date of Request: _____				2 Serial/Patent # _____										
3 Please refund the following fee(s):				4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/> Filing					12/20/04	\$ 100								
<input type="checkbox"/> Amendment						\$								
<input type="checkbox"/> Extension of Time						\$								
<input type="checkbox"/> Notice of Appeal/Appeal						\$								
<input type="checkbox"/> Petition						\$								
<input type="checkbox"/> Issue						\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.						\$								
<input type="checkbox"/> Maintenance						\$								
<input type="checkbox"/> Assignment						\$								
<input type="checkbox"/> Other						\$								
				7 TOTAL AMOUNT OF REFUND		\$ 100								
				8 TO BE REFUNDED BY:										
10 REASON:				Treasury Check										
<input checked="" type="checkbox"/> Overpayment				<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input type="checkbox"/> Duplicate Payment				9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table>				1	5	--	0	4	6	1
1	5	--	0	4	6	1								
<input type="checkbox"/> No Fee Due (Explanation):														
11 REFUND REQUESTED BY:														
TYPED/PRINTED NAME: <u>A Johnson</u>				TITLE: <u>paralegal</u>										
SIGNATURE: <u>[Signature]</u>				PHONE: <u>308-9740</u>										
OFFICE: <u>PCT</u>														
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****														
APPROVED: _____				DATE: _____										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**